



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
16 April 2012

Original: English

**Annual session 2012**

25 to 29 June 2012. Geneva

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Sri Lanka**

Proposed indicative UNFPA assistance: \$12 million: \$11 million from regular resources and \$1 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Eighth

Category per decision 2007/42: C

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	7.2	0.6	7.8
Gender equality and reproductive rights	1.5	0.2	1.7
Young people's sexual and reproductive health and sexuality education	0.8	0.2	1.0
Programme coordination and assistance	1.5	-	1.5
Total	11.0	1.0	12.0



## I. Situation analysis

1. Sri Lanka, with a per capita gross national income of \$2,240 (2010), recently emerged as a middle-income country. It has a population of 21 million and a population density of 329 persons per square kilometre. The annual population growth rate in recent years has been approximately 1.0 per cent.

2. The total fertility rate is 2.4 children per woman. Life expectancy at birth is 70.3 years for males and 77.9 years for females. The population is expected to stabilize at 24 million in 2030.

3. The population is ageing rapidly. The elderly population is expected to increase by 40 per cent from 2010-2020, from 2.6 million to 3.6 million.

4. The national development policy framework, 'Mahinda Chintana – Vision for the Future', seeks to increase per capita income to more than \$4,000 over the next six years. It focuses on developing infrastructure and education and health services.

5. The conclusion of the 27-year internal armed conflict in May 2009 has allowed the country to transition towards peace and stability. However, recent socio-economic analyses indicate that conflict-affected areas are disadvantaged and require special attention.

6. The country's achievements in respect to the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals are considered high for a developing country at the lower middle-income level. Sri Lanka is on track to achieve the Millennium Development Goals related to poverty, education and health.

7. The poverty rate, which was above 25 per cent in the 1990s, dropped to 15.2 per cent in 2006-2007 and to 8.9 per cent in 2009-2010. Sri Lanka has made significant progress in education and health and is likely to achieve the ICPD goals and the Millennium Development Goal targets related to these areas by 2015. This progress has benefited both genders.

8. A well-established health service, free of cost to clients, together with free education, has contributed to satisfactory health indicators. The infant mortality rate declined from 19.3 deaths per 1,000 live births in 1990 to 10.1 in 2006. However, progress in reducing maternal mortality has stalled; the maternal mortality ratio decreased from 40.5 maternal deaths per 100,000 live births in 1955 to 37.4 in 2007. Similarly, although infant mortality is low, prenatal and neonatal mortality rates have remained relatively the same for the last few years.

9. Although reproductive health indicators are satisfactory at the national level, there are significant regional disparities. There is a need to sustain achievements in the area of reproductive health while addressing regional disparities and ensuring access to services for vulnerable segments of the population, including youth and survivors of gender-based violence.

10. The quality of reproductive health services does not always meet international standards and protocols. The contraceptive prevalence rate for modern methods is 52.5 per cent, which is low for a country with a good health infrastructure, a high female literacy rate and low fertility. The unmet need for contraception is 7.3 per cent, with geographical variations ranging from 3.5 per cent to 23 per cent.

11. Septic abortion contributes to 10 per cent of maternal deaths. This points to a continued need to focus attention on the quality of family planning services and the unmet need for contraception.

12. Reproductive health services, including services that seek to prevent and address gender-based violence, receive a low priority in health-sector emergency preparedness and response efforts. With regard to HIV/AIDS, Sri Lanka has a low prevalence (less than 0.1 per cent). However, populations that are most at risk, including female sex workers, remain vulnerable.

13. The knowledge of adolescents and youth of sexuality and reproductive health, including reproductive health services, is low. Reproductive health services focus on married women and men.

However, with the average age of first marriage having risen to 25 years for females and 27 years for males, premarital sex is becoming commonplace. The policy framework for youth issues and concerns is inadequate.

14. In terms of gender equality, the development framework of the Government recognizes women as ‘pioneers’ of development. This framework addresses women who are unemployed, pregnant, widowed and destitute, as well as those who head households.

15. Sri Lanka has developed a National Action Plan on Women based on the Beijing Platform for Action, and a 2005 domestic violence act addresses violence against women at home and in personal relationships. However, the implementation of these and other legal and policy instruments lags behind, as highlighted in the country’s report to the forty-eighth session of the Committee on the Elimination of Discrimination against Women in January 2011.

16. The Ministry of Child Development and Women’s Affairs has appointed front-line workers to implement community programmes to enhance women’s rights and prevent gender-based violence. However, the capacity of these workers, particularly those recently appointed for the northern and eastern parts of the country, is low, hampering the delivery of support for women, including survivors of violence.

## **II. Past cooperation and lessons learned**

17. The seventh country programme, 2008-2012, sought to: (a) ensure equitable access to and utilization of high-quality reproductive health services; (b) strengthen institutional mechanisms and empower communities to protect the rights of women and girls; and (c) enhance the utilization of population data. The programme included national-level interventions in addition to focused interventions in five selected areas with poor social indicators: the districts of Anuradhapura, Batticaloa, Nuwara Eliya and Vavuniya, and the division of Kalmunai in the Ampara district.

18. The country programme evaluation found that progress had been made in: (a) strengthening the capacity of the national health system to deliver reproductive health services by expanding family planning services and by establishing a quality assurance system, a national reproductive health commodity security strategy, and six hospital care centres for gender-based violence; and (b) preventing sexually transmitted infections and HIV/AIDS by providing services to approximately 5,500 sex workers through community-based organizations and advocating an enabling environment among law enforcement personnel.

19. The evaluation also pointed to progress made in: (a) increasing the coverage of youth-friendly reproductive health services to approximately 66,500 young people; and (b) strengthening the national capacity to prevent and respond to gender-based violence through advocacy, the strengthening of the Forum against Gender-based Violence, and support to three civil society partners, which operated 15 women’s centres.

20. UNFPA also implemented a humanitarian response programme in conflict-affected areas in the northern part of the country during the humanitarian crisis in 2009-2010. This programme ensured the uninterrupted provision of reproductive health services to internally displaced persons, returnees and host communities to prevent maternal and neonatal mortality and morbidity and to respond to gender-based violence.

21. One of the key lessons learned was the usefulness of the district approach, which allowed the targeted delivery of selected programme components to underserved geographical areas. This approach will continue, with further attention being paid to areas of need in subdistricts.

22. Another useful approach was the integrated model that addressed gender-based violence through multi-purpose women’s centres. This approach involved communities, civil society partners and government agencies in interventions and prevention efforts. UNFPA will build on this model while gradually phasing out support in existing locations, to ensure the sustainability and

self-reliance of civil society partners. UNFPA will also pilot an adaptation of the model in the governmental sector at the district level.

23. The evaluation recommended maintaining a focus on vulnerable segments of the population, such as survivors of gender-based violence, female sex workers, young people outside school, resettled populations and populations in the plantation sector. Other lessons learned included the need for increased engagement in advocacy and policy work, and for building the capacity of implementing partners, including civil society organizations. The evaluation emphasized the importance of partnerships between UNFPA and the Government and other implementing partners. The proposed programme incorporates these lessons.

### III. Proposed programme

24. UNFPA and the Government developed the proposed programme within the framework of the United Nations Development Assistance Framework (UNDAF), 2013-2017. It responds to national priorities as expressed in national development plans, including the health master plan and the national population and reproductive health policy. It is based on the country population situation analysis and the findings and recommendations of the evaluation of the country programme, 2008-2012, and is aligned with the UNFPA strategic plan.

25. The UNFPA programme recognizes that Sri Lanka, as a recently designated middle-income country, continues to need support to consolidate and sustain earlier achievements, and will benefit from 'upstream' policy development and advocacy efforts. In addition, the programme recognizes the need to focus on areas that lag behind, particularly in the conflict-affected North and in areas within certain districts. The programme also seeks to target vulnerable segments of the population.

#### *Maternal and newborn health*

26. The two outputs under this strategic plan outcome contribute to the UNDAF outcome on the equitable delivery of high-quality social services.

27. Output 1: Strengthened national capacity to deliver high-quality reproductive health services. To achieve this output, UNFPA will support efforts to: (a) improve the quality of the reproductive health service delivery system; (b) strengthen the capacity of the health system to address the unmet need for family planning and prevent unwanted pregnancies; (c) prevent and respond to gender-based violence; (d) enhance emergency preparedness and response in the area of reproductive health; and (e) strengthen the knowledge base and the provision of strategic information for programme and policy development and advocacy. UNFPA will support HIV prevention services among populations that are most at risk, particularly female sex workers. This support, which will complement assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria, will be in line with the agreed division of labour among the co-sponsoring agencies of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

28. Output 2: Strengthened capacity to deliver high-quality services for emergency obstetric and newborn care in underserved areas. To achieve this output, UNFPA will provide targeted support to improve health facilities for emergency obstetric and newborn care. This support will address remaining gaps in service delivery in the northern, conflict-affected part of the country, and in geographical areas within selected districts.

#### *Gender equality and reproductive rights*

29. The output under this strategic plan outcome contributes to the UNDAF outcome on justice, social integration, gender equality and human rights.

30. Output 1: Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and respond to gender-based violence. To achieve this output, UNFPA will: (a) build the capacity of selected front-line workers of the Ministry of Child Development and Women's Affairs; (b) support policy development, advocacy and an increase in the knowledge base in the areas of reproductive rights, gender-based violence and women's participation in peace and

security; and (c) support district-level women's resource centres to prevent and respond to gender-based violence through multisectoral approaches.

*Young people's sexual and reproductive health and sexuality education*

31. The output under this strategic plan outcome also contributes to the UNDAF outcome on the equitable delivery of high-quality social services.

32. Output 1: Increased accessibility to high-quality sexual and reproductive health and rights services and information for young people. To achieve this output, UNFPA will support: (a) sexual and reproductive health and rights education for youth outside the school environment, particularly young women, using innovative approaches; (b) the provision of sexual and reproductive health information and services in the health sector; and (c) efforts to increase the knowledge base of youth, develop policies and advocate on behalf of youth and their participation in development efforts.

#### **IV. Programme management, monitoring and evaluation**

33. UNFPA, in collaboration with the Government and other implementing partners, will manage, monitor and evaluate the proposed programme. Coordination of the overall programme and review of its progress will take place within the UNDAF framework for Sri Lanka, led by the national coordinating entity and sectoral ministries. UNFPA will participate in joint programming under the UNDAF, where relevant.

34. National execution, with its different options for cash transfer, continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementation partners based on their ability to deliver high-quality programmes. UNFPA will continuously monitor their performance and adjust implementation arrangements, as necessary. It will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers.

35. UNFPA will collaborate with government bodies in implementing the programme, including the Ministries of Child Development and Women's Affairs; Finance and Planning; and Health. Other partners will include civil society organizations, universities, professional associations and research organizations.

36. UNFPA and the Government will develop a monitoring and evaluation plan that is aligned with the UNDAF. An indicator database, UNFPA SLInfo, will provide information for the monitoring, review and reporting of progress at different levels of the programme. UNFPA requests its partners to report on programme and financial progress, and conducts periodic progress reviews and monitoring with national entities.

37. UNFPA will focus on programme results to ensure that its financial and human resources are strategically deployed to achieve the greatest impact. UNFPA will strengthen the capacity of implementing partners in results-based management, financial accountability and monitoring and evaluation.

38. The UNFPA country office in Sri Lanka includes staff funded from the UNFPA institutional budget who perform management and development effectiveness functions. UNFPA will allocate programme resources for staff who provide technical and programme expertise, as well as associated support, to implement the programme. The Asia and Pacific regional office will assist in identifying technical resources and provide quality assurance.

## RESULTS AND RESOURCES FRAMEWORK FOR SRI LANKA

DP/FPA/DCP/LKA/8

<b>National development priority or goal:</b> ‘Mahinda Chintana – Vision for the Future’ goals and the Millennium Development Goals <b>UNDAF outcome:</b> enhanced capacity of national institutions for evidence-based policy development and the strengthened provision of, access to and demand for equitable and high-quality social services delivery				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<b>Maternal and newborn health</b> <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate Baseline: 68.4% for all methods and 52.5% for modern methods Target: 75% for all methods and 64% for modern methods</li> <li>Percentage of female sex workers reporting the use of a condom with their most recent client Baseline: 89.3%; Target: 95%</li> </ul>	<u>Output 1:</u> Strengthened national capacity to deliver high-quality reproductive health services  <u>Output 2:</u> Strengthened capacity to deliver high-quality services for emergency obstetric and newborn care in underserved areas	<u>Output 1 indicators:</u> <ul style="list-style-type: none"> <li>Number and percentage of basic training centres applying competency-based training methodology for reproductive health staff, using performance assessment instruments Baseline: 0%; Target: 80%</li> <li>Number of gender-based violence care centres established and operational in hospitals, per national guidelines Baseline: 6; Target: 50</li> <li>Number of health and health-related personnel trained on the Minimum Initial Services Package Baseline: 240; Target: 700</li> <li>Number of female sex workers referred to sexually transmitted infections services by the drop-in centres run by the Daffodil network of community-based organizations Baseline: 2,751; Target: 5,000</li> <li>National reproductive health and population policy reviewed and updated, with particular reference to sexual and reproductive health and rights and emerging population issues Baseline: no; Target: yes</li> </ul> <u>Output 2 indicators:</u> <ul style="list-style-type: none"> <li>Number of UNFPA-supported emergency obstetric and newborn care facilities that meet minimum standards and requirements (package to be defined) Baseline: 0; Target: to be determined by end 2012</li> </ul>	Ministry of Health, provincial and district health authorities, universities, professional associations, research organizations, civil society organizations  UNAIDS; United Nations Children’s Fund (UNICEF); World Health Organization	\$7.8 million (\$7.2 million from regular resources and \$0.6 million from other resources)
<b>Young people’s sexual and reproductive health and sexuality education</b> <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>Percentage of population aged 15-24 with comprehensive, correct knowledge of HIV/AIDS. Baseline: 35.3%; Target: 45%</li> </ul>	<u>Output:</u> Increased accessibility to high-quality sexual and reproductive health and rights services and information for young people	<u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of UNFPA-supported national policy and programming dialogues (to be identified), with the participation of young people Baseline: 1; Target: 5</li> <li>Number of peer educators trained and certified as trainers using the global YPEER methodology Baseline: 50; Target: 500</li> </ul>	Ministry of Health; Ministry of Youth Affairs and Skills Development; National Youth Services Council; universities; UNAIDS; UNICEF	\$1 million (\$0.8 million from regular resources and \$0.2 million from other resources)

<b>National development priority or goal:</b> ‘Mahinda Chintana – Vision for the Future’ goals and the Millennium Development Goals <b>UNDAF outcome:</b> communities are empowered and institutions are strengthened to support local governance, access to justice, social integration, gender equality and the monitoring, promotion and protection of human rights, in alignment with international treaties and obligations				
<b>UNFPA strategic plan outcome</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources</b>
<b>Gender equality and reproductive rights</b>  <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>• Number of national and subnational multisectoral mechanisms operational to respond to gender-based violence</li> </ul> Baseline: 8; Target: 26	<u>Output:</u> Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and respond to gender-based violence	<u>Output indicators:</u> <ul style="list-style-type: none"> <li>• Number and percentage of women development officers in UNFPA-supported areas competent to address reproductive rights and gender-based violence, as per standard guidelines Baseline: 30; Target: 150</li> <li>• Number and percentage of human rights officers competent to address reproductive rights and gender-based violence, as per standard guidelines Baseline: 0; Target: 100</li> <li>• Number of women centres that continue to provide high-quality core services to women and girls (psychosocial counselling and legal aid) after the provision of UNFPA support Baseline: 0; Target: 15</li> <li>• The district women resource centre model is piloted, evaluated, modified and presented to key decision makers for consideration Baseline: no; Target: yes</li> </ul>	Human Rights Commission of Sri Lanka; Ministry of Child Development and Women’s Affairs  Civil society organizations; research organizations; universities  UNDP; UNICEF; UN-Women	\$1.7 million (\$1.5 million from regular resources and \$0.2 million from other resources)  <hr/> Total for programme coordination and assistance: \$1.5 million from regular resources